

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564765 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee I360	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2014</div> </div>
Mailing Address PO BOX 37046	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10073.70</div>
City BALTIMORE State MD Zip Code 21297	Transaction ID : SE24.232 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure PHONE CALLS (ESTIMATED COSTS)	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate PAT ROBERTS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3077663.81</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
City State Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10073.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10073.70</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY

10 / 29 / 2014

Signature